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The impact of Project 2000

Project 2000 has caused much controversy, but has it changed nurses' perceptions of nursing? **Jill Maben** and **Jill Macleod Clark** present their research data

Abstract

The research study described here was commissioned by the English National Board to examine nursing in the context of Project 2000 implementation. The research team explored the impact of Project 2000 on students, managers and practitioners.

Students and diplomates were perceived to be patient-oriented and holistic in approach; basic nursing care was identified as a central role of qualified nurses. Perceptions of nursing shifted as the course progressed to include health promotion, and research and theory as a basis for practice.

Aspects of the course valued by students included the broader academic input, interpersonal skills, life sciences, supernumerary status and the challenging approach advocated by the course. Students were concerned about the timing of the biological science modules, which often did not coincide with their practice experiences.

Students identified poor course organisation and poor teaching skills of some lecturers as areas for concern. Managers and practitioners identified students as potential agents of change who challenged traditional expectations of newly qualified nurses.

Key words: Project 2000, nursing education

In May 1986 the UKCC published its proposals for the reform of nursing education under the title *Project 2000: a New Preparation for Practice*.

These reforms are now widely implemented throughout the UK and represent a shift towards an education in colleges of higher education rather than an apprentice-style training.

Project 2000 was designed to offer a full-scale reorientation of nursing education, with students being supernumerary to service requirements and their time in clinical settings better supervised and more directly linked to course-based learning.

The Project 2000 curriculum is comprised of a common foundation programme and a branch programme — both of 18 months' duration. The former is designed to equip students with the knowledge and skill base to proceed to the latter.

The new Project 2000 curriculum was designed to enhance both the nursing profession's existing qualities and provide the opportunity to use more diverse forms of relevant knowledge. There was also an aim to shift the focus

of health care to a range of settings, challenging the notion that nursing takes place primarily in a hospital.

Project 2000-educated nurses were intended to have a broader understanding of how society functions, the role each person has in it and the factors that promote health and cause ill health. Additional aims of the curriculum include a commitment to lifelong learning, implementation of research in practice, and that Project 2000-qualified nurses should both give, and manage, patient care.

The study described here was commissioned by the ENB to determine the effects of this curriculum shift on the philosophy and practice of nursing among Project 2000 students and newly qualified nurses, nurse teachers and nurse practitioners and managers. The detailed aims and objectives of the study are shown in Box 1 on p56.

Methods

Case-study design using primarily qualitative methods was chosen to enable the research team to gain a depth and breadth of understanding in this



David Wood

Box 1. Aims and objectives of the study

- To examine how students' perceptions of the philosophy and practice of nursing have changed during the Project 2000 course;
- To examine students' perceptions of their future professional contribution in the wider context of multidisciplinary care provision;
- To examine how teachers consider the course may have changed their own and students' perceptions of the philosophy and practice of nursing;
- To examine practitioners' perceptions of Project 2000-qualified nurses as professional practitioners;
- To explore the contribution the course has made towards the process of professional socialisation;
- To identify issues arising from the case studies for consideration in the continuing development of nursing education and training.

Box 2. Data collection methods

- Self-completion questionnaires, with some four-point scales, but primarily consisting of open-ended questions that asked for participants' comments and reflections on certain issues. Each student was seen three times at nine-monthly intervals. The questionnaire was administered to 498 students and 78 diplomates, resulting in over 1,200 responses;
- Focus-group interviews with low moderator involvement and a fairly flexible agenda and topic guide (homogeneous groups conducted with teachers, practitioners and managers, total n=6);
- In-depth interactive interviews with diplomates who had been qualified seven (n=10) and 11 months (n=10);
- Attendance at meetings, informal discussions and review of course documentation for contextual data.

omplex area. Some quantitative methods and systems of analysis were also used, primarily with respect to the questionnaire data.

The main focus, however, was on gaining a deep understanding of the philosophy and practice of nursing at a time of unprecedented change through qualitative work rather than statistical inferences. A combination of a wide range of data collection methods were employed (Box 2).

Data was collected in two case-study centres, one in the north and one in the south of England. These centres were both first-wave demonstration districts, having started the Project 2000 programme in 1989. The study ran from June 1992 to September 1995.

Impact of Project 2000 on nursing values

Analysis of the student questionnaire data revealed that their perceptions of nursing changed and shifted as the course progressed, from a lay perspective of nursing the sick, which had been rooted in the ill-health medical model, to a 'health nursing' model.¹

Health promotion was, however, implicit rather than explicit, with aspects of the concept embedded in understandings of holistic care. Key aspects of a health-promoting approach were labelled as holism, not health promotion. When explicitly identified, health promotion was described in the context of health education, with an emphasis on individual lifestyles and behaviour changes. Few students (2%) displayed an understanding of the sociopolitical determinants of health.

Students and diplomates placed the patient firmly at the centre of care delivery and said they were holistic in their approach. They recognised the importance of interpersonal skills and were determined patient advocates.

When asked to define nursing care, students suggested it was patient-oriented, both in terms of care-giving and partnership-building with patients.

Taking a holistic perspective was a common thread, but appeared to increase significantly in perceived importance by the end of the course (see Table 1). Respondents also identified the value of seeing the patient in context, not just as an ailment, together with caring for the families of patients.

Seeing nursing from the perspective of 'nursing the sick' decreased significantly over time as the course progressed, while the caring perspective increased significantly.

Nurse teachers believed that their previously narrow views of nursing had developed into a clearer understanding of nursing and health care beyond the hospital. Teachers' own further education had been an important influence on their changed perceptions.

Basic nursing care

Basic nursing care was seen as a fundamental aspect of nursing, with students and diplomates keen to be care-givers rather than managers of care.

Across all questionnaire points the majority of respondents felt that qualified nurses should give high priority to basic nursing care. At 27 months into the course and six months after qualification the number increased to over 90%. Statistical analysis performed on the four-point scales (see Box 2) suggested that students grew to value basic nursing care more highly once they were in the practice environment.

The written replies to this question revealed that respondents felt basic nursing care to be the 'bedrock of nursing' and that it was important for it to be patient focused. Others felt that proficiency in basic nursing care was important if qualified nurses were to be more than managers of care.

Impact of the course as a preparation for practice

The vast majority of students (75%) perceived the course as a good preparation for practice. The aspects that they particularly valued included the broader academic input, that is, the depth of theory and rationale for practice; the development of interpersonal skills; the life sciences and practical skills input; supernumerary status; and the challenging approach advocated by the course.

Students raised concerns over poor course organisation and the level of some lecturers' teaching skills. They also suggested that they would like to see more of the following input in the Project 2000 course:

- An earlier exposure to practice, together with more practical skills input;
- More biological sciences and ill-health models (spread evenly throughout the course);
- A more balanced common foundation programme, which was perceived by the smaller branches (child health, mental health and learning disabilities) to be too adult-biased.

Advantages and disadvantages of the programme

Students at the end of the common foundation programme and those at the end of the course were asked to consider the advantages and disadvantages of the programme. The main advantage was seen to be its broad theoretical base and the academic credit in the form of a diploma on completion of the programme. Emphasis on supernumerary status and the questioning and analytic approach fostered by the course was valued. One student said: 'It has made me a thinking nurse.'

Students perceived a distinct advantage in being a learner rather than a worker. Rationale-based nursing action was seen as important and, as the

Table 1. Responses to the question: What do you understand by the term nursing care?

Questionnaire:	A (start)		B (9 months)		C (18 months)		D (27 months)		E (end)	
Category	n	Percentage respondents	n	Percentage respondents	n	Percentage respondents	n	Percentage respondents	n	Percentage respondents
Patient-oriented	48	31%	89	38%	69	36%	119	45%	58	41%
Caring	37	24%	65	28%	30	16%	147	55%	69	49%
Facilitate recovery	36	23%	48	21%	58	30%	55	21%	19	13%
Nursing the sick	34	22%	43	19%	36	19%	25	9%	6	4%
Holism	28	18%	71	31%	50	26%	96	36%	70	49%
Practical work	21	13%	30	13%	15	8%	41	15%	21	15%
Apply theory to practice	19	12%	27	12%	22	11%	34	13%	16	11%
Anything a nurse does	15	10%	21	9%	35	18%	31	12%	30	21%
Health education/ promotion	12	8%	29	13%	22	11%	26	10%	3	2%
Interpersonal skills	6	4%	9	4%	5	3%	21	8%	5	4%
Care in community	5	3%	10	4%	5	3%	9	3%	7	5%
Quality care	4	3%	16	7%	6	3%	16	6%	5	4%
Non-judgemental	3	2%	4	2%	1	1%	7	3%	0	0%
Team-oriented	3	2%	0	0%	2	1%	12	5%	4	3%
Personal qualities	1	1%	0	0%	0	0%	4	2%	0	0%
Other	4	3%	5	2%	6	3%	9	3%	0	0%
Total responses	276		467		362		652		313	
Total of respondents	156		232		193		265		142	

n = total number of responses

course progressed, research and theory became increasingly valued as a foundation for practice. However, many students described the attitudes of colleagues as a barrier to implementation of research or to their ability to act as agents of change. The main disadvantages of the course were identified as lack of practical skills, stigma from others and the financial pressures imposed by bursaries (Table 2).

Practical skills

Although students identified a perceived lack of practical skills, diplomates acknowledged that this was only an initial skills deficit, made up in the first few months after qualification. It was seen to be a tall order to expect the course to prepare them fully for every aspect of their role and many took the pragmatic view that it was an impossible task. Learning about the staff nurse role really began after qualification.

Nurse managers and practitioners valued the diplomates' questioning approach to practice and their desire for a rationale for practice. However, nurse managers and practitioners suggested that the course had swung too far towards theory at the expense of practice and requested more balance.

It was acknowledged that theory and

practice needed to be balanced, with theoretical input related firmly to practice. This was confirmed by community practitioners, who felt the Project 2000 students they had come into contact with were indeed very knowledgeable. One manager suggested that if theory and practice could be more balanced within the course 'it would be absolutely brilliant'.

The impact of the qualified diplomate

The course was consistently identified by students as an excellent theoretical preparation, and the newly qualified staff nurses felt they possessed the knowledge and rationale for practice. One staff nurse said that despite this there would always be challenges for newly qualified staff and this would be as true for Project 2000 diplomates as for their pre-Project 2000 colleagues.

Diplomates recognised their need for support on starting their staff nurse role and wanted a period of preceptorship. However, there was little evidence of this.

Some also felt that they had been ill-prepared for certain aspects of the staff nurse role. The variability of their practice experiences meant that the course was often very hit and miss. This was

particularly evident in the development of management skills where there was no perceived standardisation.

Managers and practitioners also recognised that the newly qualified diplomates required extra support in the practice area. Conventional expectations of new nurses were questioned and focus group participants suggested that these had always been too high.

Specialised areas appeared not to have the same assumptions or expectations regarding the new nurse's role immediately after qualification. Managers in the specialties admitted that the traditional style of training had not provided them with nurses who had the necessary practical skills either. They always had to provide in-house training and supervision.

Managers in the specialties were generally impressed by the nurses they had employed from the Project 2000 courses. However, they voiced frustration with financial constraints that resulted in a failure to provide diplomates with adequate supervision.

Two-way learning and lifelong learners

The majority of students and diplomates did not perceive themselves as different to their 'traditionally' prepared colleagues, citing the two-way learning process and PREP as factors influencing colleagues' updating.

Two-way learning was considered to take place in many practice environments where students could pass on their knowledge of research to colleagues while learning from the experience of their pre-Project 2000 colleagues at the same time.

The positive effect that Project 2000 practitioners had in terms of encouraging research projects was also noted by managers and practitioners alike. The research awareness of students resulted in the sharing of research findings with interested staff. This was seen by managers to have the knock-on effect of stimulating staff to do more research and set up projects, and to work with the Project 2000 nurses.

There was a two-way exchange of information, with 'traditional' staff having the practical skills and experience and the Project 2000 nurses the experience of research and how to access literature.

The Project 2000 students' and diplomates' commitment to lifelong learning was particularly evident. Over

Table 2. Advantages and disadvantages of doing a Project 2000 course

Questionnaire:	C (9 months)		E (end)	
	n	Percentage respondents	n	Percentage respondents
Advantages				
Broad theoretical base and education	104	58%	56	44%
Academic base/credit	67	37%	48	38%
Learner not a worker	45	25%	36	28%
Questioning/analytic	31	17%	29	23%
Good preparation/way forward	24	13%	25	20%
Prepared for hospital and community	21	12%	12	9%
Patient-focused	9	5%	11	9%
Disadvantages				
Lack practical skills/experience	107	60%	40	31%
Attitudes of others	47	26%	37	29%
Financial	36	20%	36	28%
Course organisation	24	13%	29	23%
Too much theory	19	11%	4	3%
Poor support from nurse teachers	0	0%	2	2%
Other disadvantages	16	9%	19	15%
Total number of responses	550		384	
Total of respondents	179		128	

n = total number of responses

quarter of the respondents wanted to pursue a degree in nursing in the next two years. Over 90% in both centres wanted to continue their development.

However, only 50% in each felt able to do so. Staff nurses described the lack of funding and study days as providing obstacles to further education. Conversely, staff support and encouragement together with study leave were cited as crucial to the facilitation of the staff nurses' development.

Diplomates as agents of change

The interview data revealed that many of the qualifiers saw themselves as potential change agents. They believed that they had been taught to question others during the course.

This was also supported by the questionnaire data. The majority of qualified diplomates who responded to the questionnaire suggested that the course had equipped them with the skills necessary to effect change (81%). These skills included an assertive questioning approach, research-based practice, a good theoretical base and interpersonal skills. Having the knowledge to back up action and knowing the rationale behind practice was identified as another principle passed on to the diplomates.

Managers and practitioners confirmed the students' and diplomates'

potential as change agents. However, such potential may be restricted or defused by the structural constraints of the health service in the 1990s. While a questioning approach was viewed as the 'way of the future', the impact for change was seen as limited. The issue of 'fitting in' when in the clinical environment was acknowledged by the nurse teachers to be as prevalent today as a decade ago.

Further work is needed to chart the development of these newly qualified Project 2000 diplomates. For example, will they be able to retain their questioning abilities and sustain their ability to act as agents of change? Is it realistic to place the burden of changing practice on their shoulders?

Recommendations

Students, diplomates, managers and practitioners identified those completing the course as committed to lifelong learning and keen to implement changes in practice. The patient was central to their philosophy of nursing, which was grounded in holism and health promotion in its broadest sense.

The course was valued for its broad theoretical input, yet was felt by some to be lacking balance — theory dominated at the expense of practical skills.

The following recommendations are intended as guidelines only and many of these issues will have been addressed

by those centres validating new mark II curricula. However, they may be helpful to those yet to undergo this process, and we outline them below to provoke debate. The project team recommends that the profession might explore ways in which:

- The curriculum could provide greater exposure to a range of ill-health examples and an adequate input of biological sciences.

- Project 2000 students could be exposed to the practice environment earlier in the course and to ways in which a greater focus on practical skills could be achieved.

- The perceived 'adult' branch bias in the content of the common foundation programme could be reduced;

- More realistic expectations of students from Project 2000 courses could be promoted among existing qualified nurses.

- The curriculum could provide a firmer basis for development of a more active health promotion role for nurses.

- Viable models of preceptorship could be identified and the possibility of mandatory preceptorship for four to six months after qualification could be explored.

- The resource implications of the commitment to lifelong learning fostered by the Project 2000 course could be addressed, particularly the replacement elements of a cohesive programme of continuing professional education.

The insights gained will be particularly valuable for those reviewing the Project 2000 curriculum and those involved with students and newly qualified nurses in practice. The findings are also useful to people in nursing education, nurse managers, practitioners and purchasers and commissioners of health care. **NT**

- 1 Macleod Clark, J. From sick nursing to health nursing: evolution or revolution? In: Wilson-Barnett, J., Macleod Clark, J. (eds). *Research in Health Promotion and Nursing*. London: Macmillan Press, 1993.

Project 2000: Perceptions of the Philosophy and Practice of Nursing by Jill Macleod Clark, Jill Maben and Karen Jones is available for £12.50 from the ENB, which commissioned the three-year study, on 0171-391 6314

Jill Maben, MSc, BA, RGN, is a research associate, Division of Nursing, King's College, London; Jill Macleod Clark, PhD, BSc, RGN, is a professor of nursing and director, Nightingale Institute, King's College, London